

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 6/10/05

2 Serial/Patent # 10/519584

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing	1	12/27/04	\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

☒ Treasury Check

☒ Credit Deposit A/C #:

9 

2	3	--	0	6	5	0
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10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

TITLE: Paralegal

SIGNATURE: A Johnson

PHONE: 308-9148

OFFICE: PCT

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:  
\*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: